

UNIFORM ELDERLY EXEMPTION QUALIFICATIONS

\$45,000 VALUATION REDUCTION	(65-75 YEARS OF AGE)
\$65,000 VALUATION REDUCTION	(75-80 YEARS OF AGE)
\$85,000 VALUATION REDUCTION	(80 OR MORE YEARS OF AGE)

1. Applicant must be 65 years of age **ON OR BEFORE** April 1st in the year they are applying for the exemption.
2. Applicant has resided in New Hampshire for at least **FIVE CONSECUTIVE YEARS** preceding April 1 in the year in which the exemption is claimed.
3. Applicant **MUST** have owned the residence by April 1 individually or jointly, or if the residence is owned by a spouse, they must have been married for at least five years.
("Residence" means the housing unit, and related structures such as an unattached garage or woodshed, which is the person's principal home, and which the person in good faith regards as home to the exclusion of any other places where the person may temporarily live. "Residence" shall exclude attached dwelling units and unattached structures used or intended for commercial or other nonresidential purposes.)
4. If the applicant received a transfer of real estate from a person under the age of 65, related to him/her by blood or marriage, within the preceding 5 years, **no exemption** is allowed.
RSA 72:40-a.
5. Applicant if single, must have a net income of not more than **\$19,000**. If married, a combined net income of less than **\$28,000**.
6. Net income shall be determined by deducting from all moneys received, from any source including social security or pension payments, the amount of any of the following, or the sum thereof:
 - A. Life insurance paid on the death of an insured;
 - B. Expenses and costs incurred in the course of conducting a business enterprise;
 - C. Proceeds from the sale of assets.
7. Applicant, having net assets not to exceed **\$55,000**, excluding the value of the dwelling, and up to two (2) acres of land. (*"Net Assets" means the value of all assets, tangible and intangible, minus the value of any good faith encumbrances.*)
8. Initial application must be submitted **on or before April 15** of the tax year in which you seek the exemption.

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9. Please bring in copies of the following:
 - A. Birth Certificate(s)
 - B. Bank Statements on any of the following accounts: checking, savings, IRA's, CD's, etc.
 - C. Statements regarding the value of any stocks, bonds, annuities, Cash Surrender Value on Life insurance policies, etc.
 - D. Deed(s) on any property owned.
 - E. Previous year's or current Federal Income Tax filing.

PLEASE COMPLETE THE FOLLOWING APPLICATION IN ORDER THAT THE ASSESSING DEPARTMENT MAY DETERMINE YOUR ELIGIBILITY FOR THE UNIFORM ADJUSTED ELDERLY EXEMPTION.

NAME: _____

RESIDENCE: _____

(Principle Place of Abode)

ADDRESS: _____

MAILING ADDRESS: _____

HOME PHONE: _____ MAP/LOT: _____ ACREAGE _____

DATE OF BIRTH: _____ DATE OF SPOUSE'S BIRTH _____

SECTION I

1. I AM PRESENTLY MARRIED _____ SINGLE _____

2. I HAVE BEEN A NEW HAMPSHIRE RESIDENT SINCE _____

3. MY PRINCIPLE PLACE OF ABODE IS NEWTON YES _____ NO _____

4. MY TOTAL YEARLY HOUSEHOLD INCOME CAN BE CALCULATED FROM THE FOLLOWING INFORMATION:

A. YEARLY PENSION(S) NOT INCLUDING SOCIAL SECURITY \$ _____ 200 _____

B. SOCIAL SECURITY \$ _____ 200 _____

C. INTEREST/DIVIDENDS RECEIVED (BANK ACCOUNTS, ETC.) \$ _____ 200 _____

D. PROCEEDS FROM THE SALE OF ASSETS \$ _____ 200 _____

E. EXPENSES AND COSTS INCURRED IN THE COURSE OF CONDUCTING A BUSINESS ENTERPRISE \$ _____ 200 _____

F. LIFE INSURANCE PAYMENT(S) RECEIVED \$ _____ 200 _____

G. ALL EMPLOYMENT INCOME \$ _____ 200 _____

H. ALL RENTAL INCOME RECEIVED \$_____200____

I. INCOME NOT LISTED ABOVE-LIST SOURCES

(Includes any assistance from others)

_____ \$_____200____

_____ \$_____200____

TOTAL INCOME (EXCLUDING D, E & F)..... \$_____200____

**SECTION II
APPLICANT'S TOTAL ASSETS**

1. DO YOU OWN ANY REAL ESTATE **OUTSIDE** OF NEWTON? YES____ NO____

ESTIMATED MARKET VALUE OF OTHER PROPERTY \$_____200____
A COPY OF THE REAL ESTATE TAX BILL(S) FROM OTHER COMMUNITIES MUST BE FURNISHED.

2. ESTIMATED MARKET VALUE OF YOUR CAR(S), TRUCK(S),
BOAT(S), EQUIPMENT, ETC. \$_____200____

3. MARKET VALUE OF STOCKS, BONDS, MUTUAL FUNDS,
CERTIFICATES, ETC. \$_____200____

4. TOTAL VALUE OF INDIVIDUAL RETIREMENT
ACCOUNT (I.R.A.) \$_____200____

5. CURRENT CHECKING ACCOUNT(S) BALANCE \$_____200____

6. CURRENT SAVINGS ACCOUNT(S) BALANCE \$_____200____

TOTAL ASSETS..... \$_____200____

7. CURRENT MORTGAGE BALANCE ON PROPERTY \$_____200____

8. NAME OF MORTGAGE HOLDER: _____

**SECTION III
GENERAL INFORMATION**

1. HAVE YOU EVER RECEIVED ANY ELDERLY EXEMPTION FROM ANY OTHER COMMUNITY IN NH OR ANY OTHER STATE(S)? YES_____ NO_____
2. IF YES, GIVE NAME OF COMMUNITY GIVING EXEMPTION_____
3. A COPY OF YOUR **FEDERAL I.R.S. FORM MUST ACCOMPANY YOUR APPLICATION.**
4. IF YOU HAVE NOT FILED A FORM, WHEN WAS THE LAST YEAR YOU FILED?
19____ / 200 ____
5. HAVE YOU FILED A STATE OF NH INTEREST & DIVIDENDS TAX FORM?
YES_____NO_____

**UNDER THE PENALTIES OF PERJURY, I HEREBY DECLARE THAT THE ABOVE STATEMENTS ARE TRUE, THAT I HAVE BEEN A RESIDENT OF NEW HAMPSHIRE FOR THE LAST FIVE YEARS PRECEDING APRIL 1ST, AND THAT THE PROPERTY ON WHICH EXEMPTION IS CLAIMED IS MY RESIDENTIAL REAL ESTATE.
(Defined in RSA 72:29 I & II).**

SIGNATURE OF APPLICANT

DATE

SIGNATURE OF SPOUSE

DATE